

City Clerk
Phone (518) 279-7134
Fax (518) 270-4639

THE CITY OF
TROY
Office of the City Clerk
1776 Sixth Ave
Troy, NY 12180

ATTACH
PHOTO
Drivers License

Year _____
License # _____

Vendor Permit Application

Please print or type shaded areas only

Name _____ [☐] Male [☐] Female Social Security # ____ - ____ - ____

Height [____ ' ____ "] Weight [_____] lbs Hair Color [_____] Eye Color [_____] Date of Birth ____ / ____ / ____

Home Address _____ Home Phone # _____

Business Phone # _____ Fax _____ Driver's License # _____ State _____

Veteran [☐] Yes [☐] No Honorable Discharge [☐] Yes [☐] No Branch of Service _____

[☐] Self Employed [☐] Employed By _____

Attach to this application: 1. a copy of your Drivers License and 2. the required Liability Insurance Rider.

Business Address _____

Describe what you intend to vend. For example: food, goods, etc. Please be specific.

Describe vending unit or mode of transportation. For example: truck, stand, push cart, etc.

If Applicable, List license plate number for vehicles

Has a vendor license ever been revoked or denied by the City of Troy or any other municipality? [☐] Yes [☐] No

If Yes, please give reason. _____

Have you ever been convicted of a crime or misdemeanor? [☐] Yes [☐] No

If Yes, please state nature of crime or misdemeanor and penalty _____

Intended vending location

Days of week and time of day you will be vending: _____ & _____

Describe the area where you will be vending: _____

I hereby indemnify the City of Troy, New York and save it harmless from all loss, damage, or injury to property or persons arising out of, or caused by or in any way connected with the operation of my vending business. Additionally, I understand that this license may be cancelled at any time if sufficient cause is shown.

Signature _____ Date _____

Fee \$ _____ [☐] Check [☐] Money Order [☐] Cash

Insurance Requirements for Vendor Licenses

During the term of any permit, in accordance with the City Code, the holder shall carry liability insurance naming the City of Troy as an additional named insured. The following insurance coverage amounts shall apply:

**Public liability Insurance 100,000 per person
300,000 per accident**
**Motor vehicle bodily injury liability 300,000 per person
1,000,000 per accident**
Property damage 100,000 per accident

In addition, to comply with City Policy these Insurance requirements must also be met:

\$350,000 General Aggregate, \$350,000 Personal Injury
\$350,000 Each Occurrence
\$100,000 Fire Damage and \$50,000 Medical Expense

FOR OFFICAL USE ONLY

☐ New Application ☐ Renewal year (circle): 2 3 4 5

☐ Self employed ☐ Employee

☐ NYS Division of Criminal Justice Services (fingerprint report)

Date submitted_____ Results: ☐ No action ☐ Report attached

☐ Troy Police Department records check

Officer_____ Date_____

Results: ☐ No action ☐ Report attached

Records verification

☐ Drivers license

☐ Veterans honorable discharge papers

☐ Vehicle registration

☐ Liability insurance

☐ Surety bond

☐ Rensselaer County Health Permit

Departmental notification

☐ Original to City Clerk

☐ Copy to Police Chief

☐ Copy to vendor

Chief of Police_____ Date_____

☐ Approved ☐ Denied Reason_____

Date Issued_____

City Clerk_____ Date_____

